



State of Louisiana

Department of Health and Hospitals
Center for Environmental Health Services

APPLICATION FOR FOOD SAFETY CERTIFICATE

Failure to Provide Accurate **Training Program Information** Will Delay Processing

APPLICANT INFORMATION:

LAST NAME _____ FIRST _____ MI _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ PARISH _____
PHONE NUMBER _____ E-MAIL ADDRESS _____

ESTABLISHMENT INFORMATION:

NAME OF FOOD SERVICE ESTABLISHMENT _____
ESTABLISHMENT PHONE NUMBER: _____
ADDRESS _____ DHH PERMIT TO OPERATE# _____
CITY _____ STATE _____ PARISH _____ ZIP _____

TRAINING PROGRAM INFORMATION: (**This portion must be completed for processing**).

NAME OF TRAINING PROGRAM SPONSOR _____
DATE OF EXAMINATION _____ COURSE INSTRUCTOR/PROCTOR _____

****PERSONAL CHECKS ARE NOT ACCEPTED****

**PLEASE SEND A COPY OF TRAINING COURSE CERTIFICATE, AND A MONEY
ORDER OR CASHIER/COMPANY CHECK FOR \$25.00 MADE PAYABLE TO
D.H.H. (SEND TO ADDRESS BELOW)
DUPLICATE CERTIFICATES ARE \$12.50 MADE PAYABLE TO DHH: CERT# _____**

DATE OF APPLICATION

SIGNATURE

FOR OFFICE USE ONLY

FSC CERTIFICATE _____
DATE ISSUED _____
FEE EXEMPT _____

METHOD OF PAYMENT
CHECK # _____ M.O. # _____
DATE _____
VENDOR NAME _____